

State of Colorado Medical, Dental, Optional Life/ ADD, and Long-Term Disability Rates
July 1, 2005 - June 30, 2006

MEDICAL		Total Plan Rates	State Contribution	Subtotal Employee Cost	State Admin Fee	Total Employee Cost
Great West Healthcare Network						
INO-30	Employee	\$386.40	\$190.20	\$196.20	\$2.60	\$198.80
	Employee + Spouse	\$813.20	\$333.96	\$479.24	\$2.60	\$481.84
	Employee + Child(ren)	\$735.60	\$322.32	\$413.28	\$2.60	\$415.88
	Ee + Sp + Child(ren)	\$1,123.59	\$460.26	\$663.33	\$2.60	\$665.93
INO-40	Employee	\$369.06	\$190.20	\$178.86	\$2.60	\$181.46
	Employee + Spouse	\$779.72	\$333.96	\$445.76	\$2.60	\$448.36
	Employee + Child(ren)	\$705.06	\$322.32	\$382.74	\$2.60	\$385.34
	Ee + Sp + Child(ren)	\$1,078.37	\$460.26	\$618.11	\$2.60	\$620.71
PPO-H	Employee	\$246.90	\$190.20	\$56.70	\$2.60	\$59.30
	Employee + Spouse	\$520.24	\$333.96	\$186.28	\$2.60	\$188.88
	Employee + Child(ren)	\$470.54	\$322.32	\$148.22	\$2.60	\$150.82
	Ee + Sp + Child(ren)	\$719.05	\$460.26	\$258.79	\$2.60	\$261.39
PPO-1500	Employee	\$237.14	\$190.20	\$46.94	\$2.60	\$49.54
	Employee + Spouse	\$499.78	\$333.96	\$165.82	\$2.60	\$168.42
	Employee + Child(ren)	\$452.02	\$322.32	\$129.70	\$2.60	\$132.30
	Ee + Sp + Child(ren)	\$690.77	\$460.26	\$230.51	\$2.60	\$233.11
PPO-3500	Employee	\$202.14	\$190.20	\$11.94	\$2.60	\$14.54
	Employee + Spouse	\$426.28	\$333.96	\$92.32	\$2.60	\$94.92
	Employee + Child(ren)	\$385.52	\$322.32	\$63.20	\$2.60	\$65.80
	Ee + Sp + Child(ren)	\$589.27	\$460.26	\$129.01	\$2.60	\$131.61
Kaiser HMO						
	Employee	\$293.00	\$190.20	\$102.80	\$2.60	\$105.40
	Employee + Spouse	\$614.00	\$333.96	\$280.04	\$2.60	\$282.64
	Employee + Child(ren)	\$556.00	\$322.32	\$233.68	\$2.60	\$236.28
	Ee + Sp + Child(ren)	\$847.99	\$460.26	\$387.73	\$2.60	\$390.33
San Luis Valley HMO						
	Employee	\$299.94	\$190.20	\$109.74	\$2.60	\$112.34
	Employee + Spouse	\$628.76	\$333.96	\$294.80	\$2.60	\$297.40
	Employee + Child(ren)	\$568.96	\$322.32	\$246.64	\$2.60	\$249.24
	Ee + Sp + Child(ren)	\$867.89	\$460.26	\$407.63	\$2.60	\$410.23

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DENTAL		Total Plan Rates	State Contribution	Subtotal Employee Cost	State Admin Fee	Total Employee Cost
Delta Dental Basic						
	Employee	\$19.62	\$14.90	\$4.72	\$0.20	\$4.92
	Employee + Spouse	\$41.44	\$18.38	\$23.06	\$0.20	\$23.26
	Employee + Child(ren)	\$43.42	\$19.78	\$23.64	\$0.20	\$23.84
	Ee + Sp + Child(ren)	\$73.18	\$23.12	\$50.06	\$0.20	\$50.26
Delta Dental Basic Plus						
	Employee	\$29.84	\$14.90	\$14.94	\$0.20	\$15.14
	Employee + Spouse	\$65.88	\$18.38	\$47.50	\$0.20	\$47.70
	Employee + Child(ren)	\$65.88	\$19.78	\$46.10	\$0.20	\$46.30
	Ee + Sp + Child(ren)	\$116.94	\$23.12	\$93.82	\$0.20	\$94.02
Dental Direct Reimbursement						
	Employee	\$26.56	\$14.90	\$11.66	\$0.20	\$11.86
	Employee + Spouse	\$56.02	\$18.38	\$37.64	\$0.20	\$37.84
	Employee + Child(ren)	\$56.02	\$19.78	\$36.24	\$0.20	\$36.44
	Ee + Sp + Child(ren)	\$101.52	\$23.12	\$78.40	\$0.20	\$78.60

Employee/Spouse Optional Life/AD&D Premiums by Insurance Amount and Age

Insurance Amount	Under 20	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70 & Over
\$10,000	0.76	0.80	0.84	1.04	1.16	1.40	2.00	3.18	5.18	9.62	15.84	28.30
\$20,000	1.52	1.60	1.68	2.08	2.32	2.80	4.00	6.36	10.36	19.24	31.68	56.60
\$30,000	2.28	2.40	2.52	3.12	3.48	4.20	6.00	9.54	15.54	28.86	47.52	84.90
\$40,000	3.04	3.20	3.36	4.16	4.64	5.60	8.00	12.72	20.72	38.48	63.36	113.20
\$50,000	3.80	4.00	4.20	5.20	5.80	7.00	10.00	15.90	25.90	48.10	79.20	141.50
\$60,000	4.56	4.80	5.04	6.24	6.96	8.40	12.00	19.08	31.08	57.72	95.04	169.80
\$70,000	5.32	5.60	5.88	7.28	8.12	9.80	14.00	22.26	36.26	67.34	110.88	198.10
\$80,000	6.08	6.40	6.72	8.32	9.28	11.20	16.00	25.44	41.44	76.96	126.72	226.40
\$90,000	6.84	7.20	7.56	9.36	10.44	12.60	18.00	28.62	46.62	86.58	142.56	254.70
\$100,000	7.60	8.00	8.40	10.40	11.60	14.00	20.00	31.80	51.80	96.20	158.40	283.00
\$110,000	8.36	8.80	9.24	11.44	12.76	15.40	22.00	34.98	56.98	105.82	174.24	311.30
\$120,000	9.12	9.60	10.08	12.48	13.92	16.80	24.00	38.16	62.16	115.44	190.08	339.60
\$130,000	9.88	10.40	10.92	13.52	15.08	18.20	26.00	41.34	67.34	125.06	205.92	367.90
\$140,000	10.64	11.20	11.76	14.56	16.24	19.60	28.00	44.52	72.52	134.68	221.76	396.20
\$150,000	11.40	12.00	12.60	15.60	17.40	21.00	30.00	47.70	77.70	144.30	237.60	424.50
\$160,000	12.16	12.80	13.44	16.64	18.56	22.40	32.00	50.88	82.88	153.92	253.44	452.80
\$170,000	12.92	13.60	14.28	17.68	19.72	23.80	34.00	54.06	88.06	163.54	269.28	481.10
\$180,000	13.68	14.40	15.12	18.72	20.88	25.20	36.00	57.24	93.24	173.16	285.12	509.40
\$190,000	14.44	15.20	15.96	19.76	22.04	26.60	38.00	60.42	98.42	182.78	300.96	537.70
\$200,000	15.20	16.00	16.80	20.80	23.20	28.00	40.00	63.60	103.60	192.40	316.80	566.00
\$210,000	15.96	16.80	17.64	21.84	24.36	29.40	42.00	66.78	108.78	202.02	332.64	594.30
\$220,000	16.72	17.60	18.48	22.88	25.52	30.80	44.00	69.96	113.96	211.64	348.48	622.60
\$230,000	17.48	18.40	19.32	23.92	26.68	32.20	46.00	73.14	119.14	221.26	364.32	650.90
\$240,000	18.24	19.20	20.16	24.96	27.84	33.60	48.00	76.32	124.32	230.88	380.16	679.20
\$250,000	19.00	20.00	21.00	26.00	29.00	35.00	50.00	79.50	129.50	240.50	396.00	707.50
\$260,000	19.76	20.80	21.84	27.04	30.16	36.40	52.00	82.68	134.68	250.12	411.84	735.80
\$270,000	20.52	21.60	22.68	28.08	31.32	37.80	54.00	85.86	139.86	259.74	427.68	764.10
\$280,000	21.28	22.40	23.52	29.12	32.48	39.20	56.00	89.04	145.04	269.36	443.52	792.40
\$290,000	22.04	23.20	24.36	30.16	33.64	40.60	58.00	92.22	150.22	278.98	459.36	820.70
\$300,000	22.80	24.00	25.20	31.20	34.80	42.00	60.00	95.40	155.40	288.60	475.20	849.00

Above premiums are individual premiums. If you select coverage for both you and your spouse, the total premium amount will be the cost for you plus the cost for your spouse.

Note: Spouse coverage limited to not more than half of Employee coverage, up to \$150,000.

Optional Life/AD&D Insurance Plan Rates for Dependent Children

Plans	Coverage Amount	Total Employee Cost	One monthly premium covers all of your eligible children for the Optional Life insurance amount selected. This coverage must be cancelled when your last eligible dependent child reaches the maximum age. A Child may not be insured by more than one Member, except in the event the Members are divorced from each other. Double coverage is not allowed.
Plan 05			
Child: Birth to 19 years (24 if full-time student)	\$ 5,000	\$ 1.24	
Plan 010			
Child: Birth to 19 years (24 if full-time student)	\$ 10,000	\$ 2.48	

Long-Term Disability Rates

Your monthly premium is determined by the calculation below, using your age, your base monthly salary, and whether or not you are vested in PERA.

\$	X	=	\$
Base Monthly Salary	Factor (age group/vested or non-vested)	Monthly Employee Cost	
Example: The amount for a non-vested employee, age 37, with base salary of \$3000/month would be \$21.60 a month. (\$3000 X .0072 = \$21.60)			

Employee Age as of January 1, 2004	PERA Vested	PERA Non-vested
Under 30	0.0017	0.0048
30-34	0.0020	0.0059
35-39	0.0025	0.0072
40-44	0.0033	0.0102
45-49	0.0051	0.0154
50-54	0.0076	0.0229
55-59	0.0106	0.0338
60-64	0.0115	0.0346
65+	0.0140	0.0420